



466121

1A. Cost Center: FT 1305		<b>FIT ZONE II CONTRACT</b> Contract Number 68-01-7347 <b>TECHNICAL DIRECTIVE DOCUMENT (TDD)</b>			2. TDD Number: F 058910012
1B. Account Number: FMN0230SA					2A. Amendment: <input type="checkbox"/> Administrative <input type="checkbox"/> Technical
3A. Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Low		3B. Key EPA Contact: Name: <u>D. JOSIF</u> Phone: <u>312-886-0393</u>			
4A. Estimate of Technical Hours: 65	4B. Subcontract: _____	4C. Estimate of Subcontract Cost: _____	5A. SSID Number: _____	5B. CERID Number: MND022818306	
5C. EPA Site Name: IRATHANE SYSTEMS INC			5D. City/County/State: HIBBING/ST. LOUIS/MN		
6. Desired Report Format: <input type="checkbox"/> Formal Report <input checked="" type="checkbox"/> Standard Report <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Letter Report <input type="checkbox"/> Formal Briefing			7A. Activity Start Date: 10/06/89	7B. Estimated Completion Date: 10/06/90	
8A. Type of Activity: <input type="checkbox"/> PA <input type="checkbox"/> RCRA-PA <input type="checkbox"/> HRS Support <input type="checkbox"/> Enforcement Support <input type="checkbox"/> Training <input checked="" type="checkbox"/> SI <input type="checkbox"/> RCRA-SI <input type="checkbox"/> QA Support <input type="checkbox"/> Program Management <input type="checkbox"/> General Technical Assistance <input type="checkbox"/> ESI <input type="checkbox"/> Special Studies <input type="checkbox"/> Equipment Maintenance				8B. FIT/SCAP Goal: Will Deliverable Meet a Unit of the Goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. General Task Description: <u>PREPARE WORK PLAN FOR SITE INSPECTION ACTIVITIES</u> <u>AT THE ABOVE EPA SITE NAME AND SUBMIT THE WORK PLAN TO ERRB FOR APPROVAL.</u> <u>CONCURRENTLY, SUBMIT A COPY TO THE RESPECTIVE STATE AGENCY FOR ITS FILES.</u>					
10. Specific Elements: _____ _____ _____ _____ _____ _____ _____				11. Interim Deadlines: _____ _____ _____ _____ _____ _____	
<input type="checkbox"/> Additional Scope Attached					
12. Comments: _____ _____ _____					
13. Authorizing: <u>Gail E. Naborsy, Acting</u> (Signature)				<input checked="" type="checkbox"/> RPO <input type="checkbox"/> DPO <input type="checkbox"/> PO	
14. Date: <u>10/12/89</u>					
15. Received by: <u>[Signature]</u> (Contractor FITOM Signature)				<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted with Exceptions (Attached) <input type="checkbox"/> Rejected	
16. Date: <u>10/12/89</u>					